BOARD MEETING MINUTES

July 17-19, 2024

3127 Smoketree Court
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held July 17-19, 2024.

The July 17-19, 2024, meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and certain closed portions of the meeting were conducted virtually, including licensing and investigative interviews. Christine M. Khandelwal, DO, President, called the meeting to order. Board members in attendance were Devdutta G. Sangvai, MD, MBA, President-Elect; Anuradha Rao-Patel, MD, Secretary/Treasurer; N. Melinda Hill-Price, MD, JD.; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Robert Rich, Jr., MD; David P. Sousa, JD, MBA. Board members absent were Candace A. Bradley, DO, MBA; W. Howard Hall, MD; Joshua D. Malcolm, JD; Miguel A. Pineiro, PA-C.

PRESIDENTIAL REMARKS

Dr. Christine M. Khandelwal reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act.

INSTILLATION CEREMONY of NEW OFFICER

Dr. Khandelwal administered the Oath of Office to new Board Member J. Nelson Dollar, MA.

ANNOUNCEMENTS and UPDATES

Dr. Khandelwal recognized new staff, and staff promotions since the May 2024 Board meeting. Dr. Khandelwal also acknowledged a special recognition, as they were introduced by their perspective manager.

PRESENTATION(S)

Dr. Khandelwal introduced Andrea E. McKinnond, MMS, PA-C, President of the NC Association of Physician Assistants (NCAPA), who gave a presentation on the NCAPA. Ms. McKinnond was joined by Emily Adams, MPA, Chief Executive Officer.

Dr. Khandelwal introduced Eileen Raynor, MD, President of the NC Medical Society (NCMS) who gave a presentation on the NCMS. Dr. Raynor was joined by Ashley Rodriquez, JD, Chief Legal Officer.

Dr. Khandelwal introduced Robin King-Thiele, DO, Past-President of the NC Osteopathic Medical Association (NCOMA) who gave a presentation on the NCOMA.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

Dr. Joseph Jordan, NCPHP gave the NCPHP Wellness and Financial reports.

The NC Board of Directors report was also given.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Dr. Joseph Jordan gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB ATTORNEYS' REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Attorneys' Report on Friday, July 19, 2024.

A motion passed to close the session pursuant to N.C. Gen Stat. §143-318.11(a) to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and/or 90-21.22 of the North Carolina General Statutes and not considered public records within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Mr. Marcus Jimison, Deputy General Counsel, provided information and legal advice within the attorney-client privilege and regarding three outside litigation matters. Mr. Blankenship provided information and legal advice within the attorney-client privilege regarding attorney-work product occurring since the last Attorney's Report was presented.

A motion was passed to return to open session.

Susan Harris, the Board's Monitoring Coordinator, presented information to the Board regarding the PBI Chaperone Course. Ms. Elizabeth Meredith, Board Attorney, and Mr. Blankenship provided an overview of training during upcoming Board meetings. Mr. Blankenship updated the Board on the schedule of the upcoming hearings and hearing assignments.

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were: Christine M. Khandelwal, DO, MHPE, Chair; Devdutta G. Sangvai, MD, MBA; and Anu Rao-Patel, MD. Absent were W. Howard Hall, MD, and Miguel A. Pineiro, PA-C, MHPE

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through May 31, 2024 with the Board Controller: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept Committee recommendation. Accept the financial information as reported.

b. Investment Account Update

The Committee reviewed the investment statements for May and June 2024 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept Committee recommendation. Accept the investment statements as reported.

Old Business:

a. 2024 Retreat Update

The Board previously agreed to hold an educational Board Retreat on August 2-4, 2024. Ms. Loney Johnson asked the Board members to confirm final details regarding attendance. Janelle Rhyne, MD, Director of Innovation, Policy & Strategy, and Brian Blankenship, JD, Chief Legal Officer provided a preview of the educational presentations to be provided regarding AI and Health Care as well as Empathy Based Interviewing (EBI).

Committee Recommendation: Accept the update as information.

Board Action: Accept Committee recommendation. Accept the update as information.

New Business:

a. Alternate Licensing Models

Dr. Janelle Rhyne attended the Advisory Commission on Alternate Licensing Models Symposium on June 18th in Washington, DC along with the Board President, Dr. Khandelwal and Chief Executive Officer, Mr. Mansfield. The Advisory Commission is co-chaired by the Federation of State Medical Boards (FSMB), Intealth, and the Accreditation Council for Graduate Medical Education (ACGME). Dr. Rhyne presented some of the information that was provided for guidance to state medical boards regarding a growing legislative movement to lower the barrier to licensure of international physicians who were educated, trained, and have practiced outside the United States.

Currently, at least 18 state medical boards have newly enacted, since 2023, or proposed alternate pathways for licensing international medical graduates. The pathways differ from state to state. NCMB will wait for the Advisory Commission report and will continue to work with FSMB regarding safe practice. Staff will continue to monitor new legislation regarding

alternate pathways for internationally trained physicians, continue to keep the Board informed, and act when needed.

Committee Recommendation: Accept report as information.

Board Action: Accept Committee recommendation. Accept report as information.

b. NC Review Panel

Mr. Mansfield stated that there are four seats to be appointed by the Governor this year via the NCMB Review Panel. They are:

- Christine M. Khandelwal, DO, MHPE (not eligible for reappointment)
- N. Melinda Hill-Price, MD, JD (eligible for reappointment; seeking reappointment)
- Sharona Y. Johnson, PhD, FNP-BC (eligible for reappointment; seeking reappointment)
- Miguel A. Pineiro, PA-C, MHPE (eligible for reappointment; seeking reappointment)

The Review Panel will meet on August 10-11 to conduct interviews, discuss the candidates, and decide whom to nominate. (The Review Panel is required to submit two names for each open seat.) We should know soon after the August 10-11 meeting which names have been submitted to the Governor's Boards and Commissions Office. We anticipate having notification of the Governor's appointments in advance of the November Board meeting. Additionally, the vacancy left by Mr. Brawley's departure in December 2023 has been filled by Mr. Nelson Dollar, who was recommended by the Speaker of the House and appointed by the NC General Assembly (outside the Review Panel process). Mr. Dollar was sworn in on July 17, 2024, the day before the Executive Committee meeting.

Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. Request for new position – Administrative Investigations

Mr. Mansfield asked the committee to convert an existing critical temporary position in Administrative Investigations into a permanent W-2 position so that they can fill the permanent position immediately rather than waiting to fill it in November through the FY 25 budget.

Committee Recommendation: Approve immediately converting the current temporary Administrative Investigations Coordinator role to a permanent W-2 position.

Board Action: Accept Committee recommendation. Approve immediately converting the current temporary Administrative Investigations Coordinator role to a permanent W-2 position.

Legislative Update:

SL2024-34. HHS Omnibus. Sets a three year term for Review Panel members, with a two-term limit. NCMB members may be current or former board members. It also adds that the Review Panel makes recommendations that reflect the composition of the state, including medical specialty.

Committee Recommendation: Accept the legislative update as information.

Board Action: Accept Committee recommendation. Accept the legislative update as information.

d. Meeting with Other Members of the Board to Solicit Nominations for Officers and At-Large Executive Committee Members

A motion passed to go into closed session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.

As provided in the Bylaws, the Executive Committee met with other members of the Board to solicit recommendations for the open positions: President-Elect, Secretary/Treasurer and two Members-at-Large.

A motion passed to return to open session.

a. Announcement of Nominees

The Executive Committee nominates the following members for the following positions:
President-Elect: Anu Rao-Patel, MD
Secretary/Treasurer: Robert L. Rich, Jr.
MD Member at Large: N. Melinda Hill-Price, MD, JD
Member at Large: Sharona Y. Johnson, PhD, FNP-BC

Committee Recommendation: Approve the slate of nominees as presented, to be voted on by the full Board during committee reports on July 19, 2024.

Board Action: Accept Committee recommendation. Approve the slate of nominees as presented, to be voted on by the full Board during committee reports on July 19, 2024.

Policy Committee Report

Members present were: David P. Sousa, JD, MBA, Chair; N. Melinda Hill-Price, MD, JD; and Anuradha Rao-Patel, MD. Also present was Board President Christine Khandelwal, D.O., MHPE. Members absent were: W. Howard Hall, MD; Joshua D. Malcolm, JD; and Mark A. Newell, MD, MMM

Old Business:

a. 4.1.4: Expedited Partner Care and Therapy (Appendix A)

Staff provided an update to the Committee related to their communications with the North Carolina Department of Health and Human Services concerning documentation, reporting, and HIPAA compliance. The Committee accepted this as information.

The Committee then reviewed the additional revisions favorably. Staff was directed to adopt the proposed revisions and publish the position statement.

Committee recommendation: Adopt and publish the position statement.

Board Action: Accept Committee recommendation. Adopt and publish the position statement.

b. 9.1.2: Professional Behavior Within the Healthcare Team (Appendix B)

The Committee reviewed the additional revisions and requested staff make several additional revisions. After making the additional revisions, staff was directed to publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

c. 2.2.1: Sexual Misconduct Involving Patients (Appendix C)

The Committee reviewed the additional revisions and requested staff make several additional revisions. After making the additional revisions, staff was directed to publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

d. 2.2.2: Guidelines for Avoiding Misunderstandings During Patient Encounters and Physical Examinations

The Committee reviewed the additional revisions and requested staff make several additional revisions. After making those revisions, staff was directed to circulate the revised position statement to the Committee members for additional review and comment. All revisions will then be presented for consideration at a later meeting, with the anticipated date of September 2024.

Committee recommendation: Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

Board Action: Accept Committee recommendation. Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

e. 3.1.1: Professional Use of Social Media

The Committee reviewed the current position statement and requested that staff make revisions. After making those revisions, staff was directed to circulate the revised position statement to the Committee members for additional review and comment. All revisions will then be presented for consideration at a later meeting, with the anticipated date of September 2024.

Committee recommendation: Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

Board Action: Accept Committee recommendation. Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

f. 3.1.2: Policy for the Use of Audio or Visual Recordings in Patient Care

The Committee reviewed the current position statement and proposed revisions and requested that staff make additional revisions. After making those revisions, staff was directed to circulate the revised position statement to the Committee members for additional review and comment. All revisions will then be presented for consideration at a later meeting, with the anticipated date of September 2024.

Committee recommendation: Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

Board Action: Accept Committee recommendation. Staff and Committee members to make additional revisions to the position statement and present the revised position statement at a later meeting, with the anticipated date of September 2024.

g. 3.2.1: MEDICAL RECORDS – Documentation, Electronic Health Records, Access, and Retention

The Committee reviewed the current position statement and proposed revisions and requested that staff make additional revisions. Staff was instructed to hold this position statement pending further discussions on Artificial Intelligence and bring back for discussion at a later meeting, with the anticipated date of September 2024.

Committee recommendation: Staff and Committee members to make additional revisions to the position statement. Staff to bring back for further discussion at a later meeting, with the anticipated date of September 2024.

Board Action: Accept Committee recommendation. Staff and Committee members to make additional revisions to the position statement. Staff to bring back for further discussion at a later meeting, with the anticipated date of September 2024.

Miscellaneous:

a. Position Statement Review

The Committee discussed the emerging issue of the use of artificial intelligence in the medical community, including an overview of the Federation of State Medical Boards' "Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice" April 2024 publication. The Committee determined that while a position statement would be premature at this time, staff and Committee members should continue to track the emergence of artificial intelligence in the medical field, including publications and guidance from other boards and organizations.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

Licensing Committee Report

Members present were: Devdutta G. Sangvai, MD, MBA (Acting Chair), Sharona Y. Johnson, PhD, FNP-BC, David P. Sousa, JD, MBA, Christine M. Khandelwal, MD, MHPE. Absent were: W. Howard Hall, MD, Chairperson, Candace A. Bradley, DO, MBA, Joshua Malcolm, JD

Discussion of extracted cases

a. No applications were extracted, therefore, there was no closed session discussion.

Five applications were submitted to the License Committee members for review. No applications were extracted and there were no recusals.

Committee Recommendation: Accept written report on license applications.

Board Action: Accept Committee recommendation.

Licensing dashboard presentation and discussion

a. The Committee received a presentation on metrics in licensing. The Chief Administrative and Communications Officer presented data on seven metrics developed for the Committee: Overall number of applications in process, number of new application starts, average number of days to complete an initial review, average applications per employee, emails and calls per month, overall licenses issued, and average days to issue licenses. The data presented was broken down into three areas: current status, workload, and licenses issued. After discussion, the Committee accepted the report as information.

Committee Recommendation: Direct the staff to benchmark licensing metrics with other

medical boards and to provide updates on the Licensing Dashboard three times per year (November, March, July).

Board Action: Accept Committee recommendation. Direct the staff to benchmark licensing metrics with other medical boards and to provide updates on the Licensing Dashboard three times per year (November, March, July).

Formalizing Criteria for Single Member Interviews

a. The staff presented a memo outlining the criteria for conducting license interviews outside of the regular Board meeting schedule. The goal is to provide greater flexibility in conducting license interviews, and to formalize the practice of Singe Member Interviews. This tool would be considered for use in certain situations when a Board member or staff requests an interview after reviewing a license application.

   The Committee reviewed proposed criteria for license applications that would be a good fit for a Single Member Interview: any recommendation for licensure that does not include a public action or denial component – issue license as well as issue license with a private action and/or an administrative fine.

   Additionally, the memo established circumstances where a Single Member Interview may be considered – time sensitive situations, significant time before the next Board meeting, or staff recommendation includes issuing the license but a Board member reviewing the file recommends an interview. License applications with a recommendation for an interview will not be automatically assigned a Single Member Interview, rather will be evaluated after a review of eligibility, fit, and available staff resources for an off-cycle interview.

   Board members requesting a license interview will be assigned the licensing application and conduct the Single Member Interview to the extent possible. If not, another Board member can conduct the interview.

   After discussion, the Committee accepted the criteria as information.

   Committee Recommendation: Accept as information.

   Board Action: Accept Committee recommendation. Accept as information.

License Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Six licensure interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA. Members absent were: Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 36 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Investigative) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA. Members absent were: Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 61 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Complaints) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA. Members absent were: Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public

record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 25 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA. Members absent were: Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed four investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (DHHS) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA. Members absent were: Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (DHHS) Committee reviewed two cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Investigative Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Nine investigative interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Outreach Committee Report

Members present were: N. Melinda Hill-Price, MD, JD; Chair; Robert L. Rich, Jr., MD; Devdutt, G. Sangvai, MD, MBA. Members absent were: W. Howard Hall, MD; Miguel A. Pineiro, PA-C, MHPE;

Old Business

a. Update on presentations
    i. Professional and public presentations
    ii. Regulatory Immersion Series events

The Communications Director updated Committee Members on public and professional outreach efforts, including the Board's Regulatory Immersion Series (RIMS) mock disciplinary course. RIMS and NCMB's outreach on PA licensure and practice to PA programs across the state continue to dominate professional outreach, NCMB continues to present to a range of professional meetings, medical practices and other organizations, especially on the topic of opioid prescribing.
Communications staff have made significant progress in increasing the range of public outreach activities NCMB participates in. Recent examples include giving a Facebook live presentation to a consortium of groups that serve NC residents who speak primarily Spanish, submitting an article to a new health-themed quarterly email newsletter produced by the NC Commission on Indian Affairs and participating in a heath fair for county employees in a rural part of the state. Staff will continue to pursue a diverse range of outreach opportunities in support of NCMB's goal of increasing awareness of the Board, its mission and services for professionals and the public.
Committee recommendation: Accept as information.
Board Action: Accept Committee recommendation. Accept as information.

b. Results of Board Member CME Survey

The Communications Director presented the results of a recent survey to determine Board Members' top choices of topics for CME modules to be developed by the Board. Topics that received the most support in the survey include: Licensee conduct/communication during sensitive/intimate examinations, Appropriate supervision of APPs and NCMB expectations for pharmacovigilance when prescribing controlled substances. After some discussion, including reflection on the fact that the FSMB Foundation is currently developing a module on professional sexual conduct that includes some content on sensitive examinations, Committee Members

determined that NCMB should begin with a module on Board expectations for pharmacovigilance and then move on to supervision of APPs. Staff will table the idea of a module addressing licensee conduct and communication during sensitive examinations until the FSMB module can be reviewed.

Committee recommendation: Direct staff to begin work on researching and developing a module on NCMB expectations for pharmacovigilance, as well as one on appropriate supervision of APPs.

Board Action: Accept Committee recommendation. Direct staff to begin work on researching and developing a module on NCMB expectations for pharmacovigilance, as well as one on appropriate supervision of APP's.

c. Follow up: Updating mobile website experience

The Communications Director gave a brief update on plans to develop an enhanced mobile device interface that would give NCMB website users a better and easier way to access NCMB content. Staff have consulted with NCMB's web developer, who has indicated that no technical upgrades are needed to facilitate the new interface. Staff are working on a list of specific content and features to be included in the new interface and will obtain a quote for the cost of the project, which will be presented to the Committee at the September Board Meeting.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. Staff efforts to address licensee refusals to sign Death Certificates

NCMB Assistant Medical Director John Goldfield and the Communications Director presented an overview of staff efforts since May 2023 to address licensee refusals to sign death certificates. Operations staff covering the front desk now route calls and emails to designated staff, with calls from funeral directors and licensees going to Mr. Goldfield and calls from members of the public going to the Communications Director. Mr. Goldfield has assisted in identifying appropriate medical certifiers and helped licensees troubleshoot issues with the state's electronic death registration system, usually resulting in getting a death certificate signed within days. The Communications Director has supported this process by coaching family members on identifying medical providers who provided care to their loved one who may be willing to certify and by advising callers that, while they have the right to file a complaint against a licensee who refuses to certify a death, doing so will not necessarily result in timely completion of the death certificate. Staff outlined plans to develop outreach and education to help stakeholders involved in certification of deaths communicate better and work together more effectively to certify deaths in accordance with state law.

Committee recommendation: Accept as information and direct staff to proceed with plans for outreach and education.

Board Action: Accept Committee recommendation. Accept as information and direct staff to proceed with plans for outreach and education.

a. Remediation:

The Quality Improvement Report recommends that the NCMB establish relationships with organizations experienced in addressing professional misconduct, including but not limited to bias and discrimination. There are two organizations that offer assessments and remediation services that the Board may utilize. The Center for Personalized Education for Professionals offers competency assessments and education services, including programs for enhanced patient communication, improving inter-professional communications, and the Professional Ethics and Boundaries Intervention. Acumen offers multidisciplinary fitness for duty assessments for health care practitioners. The appropriate program for a licensee will depend on the underlying reason for discrimination and bias.

Workgroup Recommendation: Consider referring licensees demonstrating bias and discrimination to CPEP or Acumen Assessments for an assessment and/or remediation services and continue to identify additional organizations that offer similar services.

Board Recommendation: Accept Workgroup recommendation. Consider referring licensees demonstrating bias and discrimination to CPEP or Acumen Assessments for an assessment and/or remediation services and continue to identify additional organizations that offer similar services.

b. Next steps for Health Equity

The Workgroup discussed possible goals for the Workgroup once it completes the review of the Quality Improvement Report. The discussion primarily focused on educating licensees on issues identified in the Healthy North Carolina 2030 Report, including opioid overdoses, infant mortality, and life expectancy. Local health departments will be resources for county specific data to educate licensees practicing in that area. The NC Department of Health's advisory council may be an additional resource.

Workgroup Recommendation: Accept as information.

Board Recommendation: Accept Workgroup recommendation. Accept as information.

ADJOURNMENT

The Medical Board officially adjourned at 12:14 a.m. on Friday, July 19, 2024.

The next meeting of the Medical Board will be in-person, September 18-20, 2024.

Anuradha Rao-Patel MD

Anuradha Rao-Patel, MD, Secretary/Treasurer

4.1.4: Expedited Partner Therapy

Prescribing for an individual whom the licensee has not met or personally examined may be suitable when that individual is the partner of a patient whom the licensee is treating for certain infectious diseases, including sexually transmitted infections ("STI"), including, but not limited to, gonorrhea and chlamydia. Expedited Partner Therapy (EPT) is a partner treatment approach where the sex partners of patients who test positive for certain STIs are provided treatment without previous medical evaluation. Although not a replacement for strategies such as physician referral, EPT may be warranted for patients with treatable STIs to prevent reinfection and curtail further transmission.

Partner management of patients with these conditions should be consistent with the applicable standard of care and include the following items:

- A prescription for the appropriate medication of the appropriate quantity and strength sufficient to provide curative treatment for each partner named by the infected patient.

- A prescription for the named partners should be accompanied by written material that states that clinical evaluation is desirable; that prescriptions for medication or related compounds to which the partner is allergic should not be accepted; and that lists common medication side effects and the appropriate response to them.

- Prescriptions and accompanying written material, including treatment instructions, appropriate warnings about taking medications (e.g., if the partner is pregnant or has an allergy to the medication), general STI health education and counseling resources, and a statement advising that partners should seek personal medical evaluation, particularly women with symptoms of pelvic inflammatory disease, should be given to the licensee's patient for distribution to named partners.

- The licensee should keep appropriate documentation of partner management. Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement.

(Adopted: July 2024 – Previously incorporated into 4.1.1: Contact with Patients Before Prescribing)

9.1.2: Professional Behavior Within the Healthcare Team

The Board recognizes that the manner in which licensees interact with others can significantly impact patient care.

The Board strongly urges licensees to fulfill their obligations to maximize the safety of patient care by behaving in a manner that promotes both professional practice and a work environment that ensures high standards of care. Licensees should consider it their ethical duty to foster respect and trust among all health care professionals as a means of ensuring good patient care.

Disruptive behavior includes both verbal and non-verbal interactions between licensees, coworkers, patients, family members, or others that either interfere with, or negatively impact, patient care. Certain behaviors both in the presence of patients and outside the presence of patients can be detrimental to patient care.

These behaviors may include, but are not limited to:

- Rude, loud, or offensive comments, both in person and via electronic communication;
- Physical threats or other inappropriate physical contact;
- Sexual harassment, including unwelcome sexual advances, requests for sexual favors, or other verbal or physical harassment of a sexual nature;
- Intimidation of staff, patients, or family members;
- Refusing to perform assigned tasks;
- Exhibiting uncooperative attitudes when working within a healthcare team;
- Reluctance or refusal to answer questions; and
- Failure to return phone calls or pages.

The Board distinguishes disruptive behavior from: (1) constructive criticism that is offered in a professional manner with the aim of improving patient care; or (2) reasonably direct or seemingly blunt communication that may be appropriate in certain unique contexts to protect the health of a patient in urgent or emergency situations.

It has been the Board's experience that disruptive behavior may be a marker for underlying concerns that can range from a lack of interpersonal skills to deeper problems, including, but not limited to, depression, work-related burnout, or substance use disorder. Licensees suffering such symptoms are encouraged to seek the support needed to help them regain their equilibrium.

Disruptive behavior by licensees that results in information presented to the Board, may also constitute grounds for further inquiry by the Board to determine the potential underlying causes of such behavior. Additionally, such behavior may ultimately constitute grounds for Board discipline. Finally, licensees, in their role as patient and peer advocates, are obligated to take appropriate action when observing disruptive behavior on the part of other licensees, including reporting a disruptive licensee to the Board. The Board urges licensees to support their hospital, practice, or other

healthcare organization in their efforts to identify and manage disruptive behavior, by taking a role in the process of addressing such behavior.

(Adopted: January 2010) (Amended: July 2019; September 2021; July 2024)

2.2.1: Sexual Misconduct Involving Patients

The privileges statutorily granted to all licensees by the Board puts them in a position of power in relation to the patient. The patient enters the therapeutic relationship from a position of vulnerability due to illness, suffering, the need to divulge deeply personal information, and sometimes the need for intimate physical examinations. This vulnerability is further heightened in light of the patient's trust in the licensee, who has demonstrated the training, knowledge, and character to be granted the privilege and the power to deliver medical care. Due to the nature of their intimate involvement with patients, surrogates[1] are hereinafter included in the term "patient" for the purpose of this policy. It is the position of the Board that sexual misconduct involving a patient or a surrogate by a licensee is unprofessional conduct and undermines the public trust in the medical profession and harms patients both individually and collectively and may serve as the basis for disciplinary action by the Board. This Position Statement is based, in part, upon the Federation of State Medical Board's guidelines regarding Physician Sexual Misconduct ("FSMB Guidelines").

For the purposes of this policy, licensee sexual misconduct is understood as behavior that exploits the licensee-patient relationship in a sexual way. Sexual misconduct between a licensee and a patient is never diagnostic or therapeutic. Sexual misconduct may be verbal or physical, can occur in person or virtually, and may include expressions of thoughts and feelings or gestures that are of a sexual nature or that reasonably may be construed by the patient as sexual and/or coercive.

Sexual misconduct occurs along a continuum of escalating severity. This continuum comprises a variety of behaviors, sometimes beginning with "grooming" behaviors which may not seem to constitute sexual misconduct on their own, but are precursors to other, more severe violations such as sexual misconduct involving language, gestures, or physical touching. Grooming behaviors may include gift-giving, special treatment, sharing of personal information, or other acts or expressions that are meant to gain a patient's trust and acquiescence to subsequent abuse. When the patient is a child, adolescent, or teenager, the patient's parents may also be groomed to gauge whether an opportunity for sexual abuse exists. All types of sexual misconduct constitute a basis for disciplinary action by the Board.

More severe forms of sexual misconduct include sexually inappropriate or improper gestures or language that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient. These may not necessarily involve physical contact, but can have the effect of embarrassing, shaming, humiliating, or demeaning the patient. Instances of such sexual misconduct can take place in person, online, by mail, by phone, and through texting. Examples may include, but are not limited to:

1. Neglecting to employ disrobing or draping practices respecting the patient's privacy, or deliberately watching a patient dress or undress;
2. Compelling a patient to disrobe unnecessarily;
3. Subjecting a patient to an intimate examination in the presence of students or other parties without the patient's informed consent or in the event such informed consent has been withdrawn;

[1]For the purposes of this policy "surrogate" is defined as spouses or partners, parents, guardians, or others involved in the care of and/or decision-making for the patient.

4. Examination or touching of genitals/genital mucosal areas without the use of gloves;
5. Inappropriate comments about or to the patient, including but not limited to, making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, or making comments about potential sexual performance during an examination;
6. Using the licensee-patient relationship to solicit a date or romantic relationship;
7. Initiation by the licensee of conversation regarding the sexual problems, preferences, or fantasies of the licensee;
8. Performing an intimate examination or consultation without clinical justification;
9. Performing an intimate examination or consultation without explaining to the patient the need for such examination or consultation even when the examination or consultation is pertinent to the issue of sexual function or dysfunction; and
10. Requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of examination or consultation.

The severity of sexual misconduct may increase when physical contact takes place between a licensee and patient and is either explicitly sexual or may be reasonably interpreted as sexual, even if initiated by a patient. Examples of physical sexual misconduct between a licensee and a patient includes, but is not limited to the following:

1. Sexual intercourse, genital to genital contact;
2. Oral to genital contact;
3. Oral to anal contact and genital to anal contact;
4. Kissing;
5. Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent;
6. Encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present (including in person, online, by phone, or through texting); and
7. Offering to provide practice-related services, such as drugs, in exchange for sexual favors.

Sexual misconduct may still occur following the termination of a licensee-patient relationship, especially in relationships that involve a high degree of emotional dependence and vulnerability. Termination of a licensee-patient relationship solely for the purpose of allowing sexual contact to begin or continue is unacceptable and would still constitute sexual misconduct.

Licensees have the legal and ethical duty to report instances of sexual misconduct and instances of potential grooming behaviors, whether it is their own misconduct or the misconduct of another licensee. N.C. Gen. Stat. § 90-5.4 requires every licensee to report in writing to the Board within 30 days any incidents that the licensee reasonably believes to have occurred involving sexual misconduct. Failure to report sexual misconduct is grounds for disciplinary action by the Board.

The Board also refers licensees to the Board's Position Statement entitled "Guidelines for Avoiding Misunderstandings During Patient Encounters and Physical Examinations."

(Adopted: May 1991) (Amended: April 2012; March 2016; January 2021; March 2022; July 2024)